

## UNCLASSIFIED

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RELEASED IN FULL

Page 1 of 4  
SAQMMIA08F4268

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE:	RATING								
2. AMENDMENT/MODIFICATION NO. M002	3. EFFECTIVE DATE 09/24/2008	4. REQUISITION/PURCHASE REQ. NO. AQ 1044805093	5. PROJECT NO. (if applicable)								
6. ISSUED BY OFFICE OF ACQUISITION MANAGEMENT (OALM/AGM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219	7. CODE LMQOM NAME Contractor Pts TEL. 703-875-8011 EMAIL Pts.C@state.gov	8. ADMINISTERED BY (if other than item 6) CODE									
9. NAME AND ADDRESS OF CONTRACTOR (No. street, country, state and ZIP Code) STANLEY ASSOCIATES INC 3101 WILSON BLVD STE 700 ARLINGTON, VA 22201-4445		10. AMENDMENT OF SOLICITATION NO. X 11. DATED (SEE ITEM 11)									
CONTACT Jonathan Barker code 144202843		12. MODIFICATION OF CONTRACT ORDER NO. SAQMMIA08F4268 13. DATED (SEE ITEM 13) 04/11/2008									
14. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  <input type="checkbox"/> The above numbered solicitation is amended, as set forth in Item 13, The hour and date specified for receipt of Offers, <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge notice of this amendment prior to the time and date specified in the solicitation or its amendment, by one of the following methods: (a) By completing items 9 and 10, and returning _____ copies of the amendment; (b) By submitting the number of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR FIRM TO ENSURE THAT THE AMENDMENT IS RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided such telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. 15. ACCOUNTING AND APPROPRIATION DATA (if required) See Line Item Detail \$1,300,000.00											
16. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT ORDER NO. AS DESCRIBED IN ITEM 14.											
<table border="1"> <tr> <td>CHECK ONE</td> <td>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 1A.</td> </tr> <tr> <td></td> <td>B. THE ABOVE NUMBERED CONTRACT ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(e).</td> </tr> <tr> <td></td> <td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</td> </tr> <tr> <td>X</td> <td>D. OTHER (Specify type of modification and authority): Increase Funding</td> </tr> </table>				CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 1A.		B. THE ABOVE NUMBERED CONTRACT ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(e).		C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:	X	D. OTHER (Specify type of modification and authority): Increase Funding
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	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:										
X	D. OTHER (Specify type of modification and authority): Increase Funding										

E. IMPORTANT: Contractor  is not.  is required to sign this document and return copy to the issuing office.17. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by DCP section headings, including contract/contract subject matter where feasible)  
The purpose of this modification is to increase funding by \$1,300,000.00. The previous order total was \$4,500,000.00. The new order total is \$5,800,000.00.

Except as provided herein, all terms and conditions of the document referenced in items 1A or 10A, will heretofore stand, remain unchanged and in full force and effect.

18A. NAME AND TITLE OF SIGNER (Type or print)	18B. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
Reaver Clements			
18C. CONTRACTOR/OFFEROR	18D. DATE SIGNED	18E. UNITED STATES OF AMERICA By 	18F. DATE SIGNED 09/24/2008
(Signature of person authorized to sign)		STANDARD FORM 34 (REV. 10-63) Prescribed by GSA FAR (41 CFR) 101-11.2	

GSA Form 10-63 (Rev. 10-63)  
Previous edition obsoleteUNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: CHARLES E LAHIGUERA  
DATE/CASE ID: 17 SEP 2010 200702174

UNCLASSIFIED

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Page 2 of 4  
SAQMMAD08P4268

Line Item Summary	Contract Number: SAQMMAD08D0051	Order Number: SAQMMAD08P4268	Title: Task 8	Total Funding Change: \$1,300,000.00	Date of Order: 03/24/2008	
Line Item No.	Description		Quantity	Unit	Unit Price	Total Cost
	Provide incremental funding in the amount of \$1,300,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for Task 8 as follows:					
001	Base Year for Passport Services Domestic Support Contract No. SAQMMAD08D0051 period of performance: through March 19, 2009 for Task 8, Passport System Purchasing Supply Program, CLIN No. 0014 Doc Ref No: 1044805093.	Taxes included: Delivery Date: 06/19/2008 (Start) to End Date: 03/20/2008 to 03/19/2009 FOR: Destination:	1.00 0.00 1.00	LT	\$4,500,000.00 \$1,300,000.00 \$3,800,000.00	\$4,500,000.00 \$1,300,000.00 \$5,800,000.00
	Funding Information:  Accounting Ref: 1044805093 1800 - 2008 - - 19 X01130006 - CA - 1044 - 4220 - - - 2589 - - - CAR25L - - - 289900 Original Total: \$1,000,000.00 Change Total:\$0.00 \$1,000,000.00  Accounting Ref: 1044805093 1800 - 2008 - - 19 X0113000Y - CA - 1044 - 4220 - - - 2589 - - - CAR25L - - - 289900 Original Total: \$3,500,000.00 Change Total:\$0.00 \$3,500,000.00  Accounting Ref: 1044805093 1800 - 2008 - - 19 X01180006 - CA - 1044 - 4220 - - - 2589 - - - CAR25L - - - 289900 Original Total: \$0.00 Change Total:\$1,300,000.00 \$1,300,000.00					
	GTM for this effort: Jack Hinman					
		Previous Total: Modification Total: Grand Total:			\$4,500,000.00 \$1,300,000.00 \$5,800,000.00	

## Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AQ-1044805093-03212008110458788/MarleyMarch2009.pdf	03/21/2008	0

UNCLASSIFIED

# UNCLASSIFIED

Page 3 of 4  
SAQMMNA06F4268

OLINV      Invoice Instructions

12/21/2007

## Instructions for invoice payment:

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation: (1) Name and Address of the Contractor

- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

**IMPORTANT:** For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Invoicing Amount
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State

Global Financial Services

Attn: Office of Claims (RM/GFS/F/C)

# UNCLASSIFIED

**UNCLASSIFIED**

Page 4 of 4  
SAQMMA08F4268

Charleston Financial Service Center

Mailing Address:

Post Office Box 150008

Charleston, SC 29415-5008

Telephone Numbers:

Voice 843-202-3761

Fax 843-746-0749

Person to Contact: Mike Washington, Office of Claims

Email: WashingtonM@state.gov

Phone: 843-202-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service

Email: commercialclaims@state.gov Phone: 877-704-9473 Toll Free

(End of clause)

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